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ABSTRACT

This paper defines the field of adventure therapy and relates it to other types of adventure activities. Outdoor adventure may have recreational, educational, or enrichment goals that focus on having fun, increasing participant knowledge, or building skills such as communication in a target group. Adventure therapy, on the other hand, has the clear goal of engendering lasting personal change in participants. Characteristics of adventure therapy include assessment of participants before the adventure experience, preactivity discussion to predispose participants to personal change, activities chosen specifically for their potential to engender personal change, and postgroup reflection to help participants transfer changes to everyday life. Adventure therapy programs vary widely in the areas of professional context, underpinning therapeutic framework and epistemology, range of therapeutic techniques, client base and presenting problems, funding sources, types of activities, interrelationship with other programs, and program design. A chart outlines the basic principles, underlying assumptions, role of therapist, and role of insight in five types of therapies: insight-based therapies, "black box" therapies and other behaviorist models, systems-based therapies, experiential therapies, and psychodynamic therapies. (SV)

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Adventure as Therapy: A Map of the Field

Workshop Report

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Martin lectures on experiential groupwork process at two universities in Western Australia and runs workshops on groupwork leadership for youth workers, social workers, experiential educators and trainers in Australia, New Zealand and North America. He has trained in psychodrama, sociodrama and in a range of forms of psychotherapy.

The purpose of this workshop was to enable participants to develop an understanding of the field of adventure therapy and for them to be able to describe the work they do to other people.

We looked at developing a shared understanding of what adventure therapy is and how it relates to other types of adventure.

We then looked at the variation that exists within the field of adventure therapy and discussed appropriate language to describe what we do.

Outdoor Adventure: from recreation to therapy

The terms recreation, education, enrichment and adventure therapy are defined below. These definitions are derived from material in the book: Gass, M. A., (Editor) (1993) *Adventure therapy: therapeutic applications of adventure programming in mental health setting*: Dubuque; Iowa: Kendal Hunt.

Recreation

The goal for such an experience is to have group members participate in activities so that they leave the experience with a "good" feeling; it is not designed to be therapeutic in nature but for the participants to have fun. The therapeutic benefits that might occur are related solely to the participation in the adventure activities. The introductions for such activities focus on what participants need to know so as to complete the activity safely and with enjoyment. Post activity discussions tend to be short and to focus on what would be needed to make the activity more fun.

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Education

Educational experiences are intended to increase the participants' knowledge about adventure activities and of the world around them, but not to increase their knowledge of their own values, interpersonal skills etc. Introductions to such activities focus on what is to be learned and how the adventure experience can help participants to learn the material at hand. Post activity discussions tend to focus on what each person learned and how such learning may be useful.

Enrichment

The purpose of enrichment activities is to enable participants to develop new skills, knowledge and values that will enable them to function more effectively in vocational and educational settings. Enrichment activities range from one to multiple days and purposely address *common* problems of the target group. The goal is to use topic-focused sessions centred on building skills such as communication, trust, and problem solving augmented by related or "isomorphic" adventure activities (Gass, 1991). Group introductions focus on the skill being taught rather than personal change. Post activity discussions relate to the application of the skills that were taught to the participants' vocational or education setting. (In this context the word "vocation" is applied to paid and unpaid work).

Adventure therapy

Adventure therapy is the strategic application of adventure activities for the purpose of engendering lasting personal change in the participants. In other words, therapy is the stated goal.

The characteristics of adventure therapy include the following:

- Assessment of participants is usually carried out prior to the adventure therapy experience
- Pre-activity discussion is intended to predispose participants to personal change
- The activities are chosen specifically because of their potential to engender personal change in participants
- The post-group reflection period is used by the adventure therapist to identify new views and behaviours experienced by participants during the adventure experience and to encourage them to transfer these changes to their everyday life.

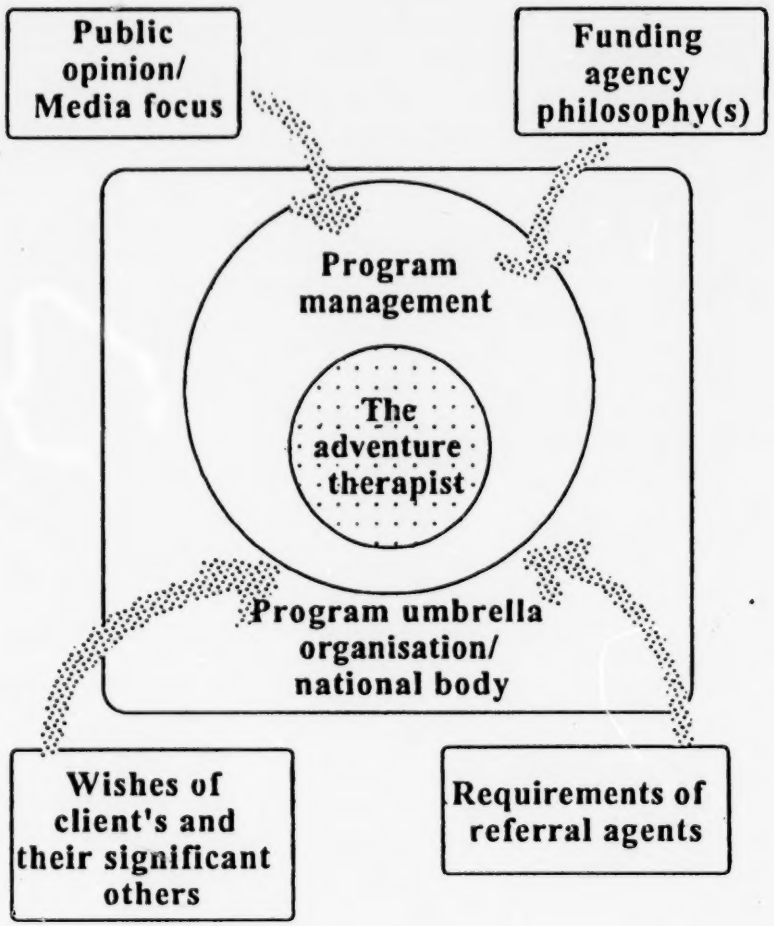
Therapy or therapeutic?

Therapy is said to be the deliberate and strategic application of activities that are intended to engender personal change in participants.

The word therapeutic is an adjective that can be applied to any activity that a person has participated in provided that the participant experienced a sense of well-being from having taken part in that activity.

Fig. 1

The adventure therapist in context


Public opinion/ Media focus
Funding agency philosophy(s)
Program management
The adventure therapist
Program umbrella organisation/ national body
Wishes of client's and their significant others
Requirements of referral agents

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Variation amongst adventure therapy programmes

Adventure therapy programmes vary widely. The schedule below names the main areas in which variation occurs.

- **multiple professional contexts**: programmes and practitioners operate in four main contexts: education, psychotherapy, criminology/rehabilitation and occupational therapy (Therapeutic Recreation).

- **multiple underpinning therapeutic frameworks and epistemologies**: ie insight based, "black box"/behaviourist, systems based, experiential and psychodynamic.

- **the range of therapeutic techniques**: Neuro linguistic programming, reality therapy, psychodrama and clinical role play, rational-emotion therapy, therapeutic metaphor and brief strategic therapy.

- **diverse client bases, presenting problems and selection criteria**. Gerstein (1992) noted over 12 different "populations" (eg corrections, youth at risk) from which clients may be drawn. For example, Youth-at-risk, psychiatric inpatient, juvenile corrections, addictions, sexual victims and perpetrators, etc.

- **diverse and sometimes multiple funding sources**. The main arenas from which funding is derived for programmes are: government, profit and charity. An additional complexity is added by the multiplicity of "tags" that accompany funding. Some examples are juvenile justice, mental health, physical health, rehabilitation and education. Each funding source influences the shape of the programme, the programme goals and the language used to describe the programme.

- **a wide range of activities carried out as a context for therapeutic activities**. For example, Gerstein's questionnaire included 10 suggestions: group initiatives, residential camp, rappelling, canoeing/rafting, ropes courses, backpacking, biking, wilderness trips, rock climbing and service projects. Many other activities are used in adventure therapy programmes.

- **a wide range of interrelationships with other programmes**. For example some adventure therapy programmes exist as the primary intervention for their clients whilst some are adjunctive to say, psychiatric or social work programmes.

- **a variety of programme structures**. Two factors in programme structure are staff utilisation and longitudinal design. Staff utilisation varies because some programmes employ mental health professionals such as family therapists, clinical psychologists or psychiatrists to do intensive individual or group work with clients whereas some expect the adventure therapist also to be a trained psychotherapist.

Longitudinal design varies in the degree to which programmes do their own preliminary work (advertising, recruitment, selection and induction) and the degree to which they do their own follow-up work (exit placements, referral-on, follow-up treatment and evaluation). Additionally, some programmes involve parents or "significant others" or even citizens from their local communities, whereas some work almost in isolation.

Fig. 2

Name of therapeutic class	Brief description of therapeutic type	Underlying assumption: Humans are good, bad or indifferent	Relationship with the therapist	The role of insight in the change process
Insight based therapies	Based on the view that men and women are rational, and if they have insight and understand themselves, they will change" [Haley, 1985 #223] (p 19)	Humans are inherently good and their current problematic behaviours arise from the persistence of behaviours that developed as a natural response to difficult experiences in their formative years.	The relationship with the therapist is a vital component in the healing process.	Insight precedes behaviour. Clients can change a behaviour if they have insight into the origin of that behaviour.
"Black box" therapies, including behaviourist models.	Derive from learning theory and propose that people change when the reinforcements that determine their behaviour are changed [Haley, 1985 #223] (p 20)	Humans are inherently neutral or bad and that their problematic behaviours arise from a lack of appropriate restraints or reinforcement in their current environment.	The relationship with the therapist is not important.	Insight is either not helpful or not relevant. Behaviour change is the goal.
Systems based therapies	Based on the idea that people are participants in a homeostatic system and the governors of that system must be reset to bring about change. [Haley, 1985 #223] (p20). The client can not be considered in isolation from her/his social system.	Humans are neither inherently good nor inherently bad and that it is not useful to attribute a specific "cause" to problematic behaviour. Furthermore, the word "problematic" is only valid to some observers of the system.	The relationship with the therapist is important in that the therapist forms a part of the client's current network of relationships and vice versa.	Insight is not required. Behaviour change arises from complex interactions between the client's intrapsychic world and the client's interaction with the external world.
Experiential therapies	Based on the principle that people change when they have experienced themselves acting differently in a novel setting and are then able to reflect on the new behaviour and to integrate it or transfer it to everyday settings. [Nadler, 1992 #120].	Humans are inherently good, and problematic behaviours arise despite the client's best efforts. The client will most often be doing the best that he/she can in any given moment.	The relationship with the therapist provides important modelling and support for the client.	Insight may be useful but is not essential. Transfer of learning from the new situation to everyday life is the key to success.
Psychodynamic therapies	Based in part on the principle that the clients' experience of the relationship(s) involved in the therapeutic process enable clients to reorganise their intrapsychic world in a healing fashion. Zeig, 1990 # 194].	Humans are inherently good and that problematic behaviours arise from arrest of natural developmental processes because of an inappropriate early environment.	The relationship with the therapist is central to the healing in that it provides most of the important material for the therapy toproceed. The therapist becomes significant in the client's life.	Insight is important. Change occurs when the client builds new behaviours and new insights based on his/her interaction with the therapist using the client-therapist relationship as the primary vehicle for change.

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